

Dr. Donna Williams, D.D.S F.I.N.D
MORNINGSIDE DENTAL CARE, PC
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FINANCIAL POLICY

To our valued patients,

Today in our world of rising priced we are trying to keep our office fees to a minimum by implementing clear and exact payment policies. This will help to reduce our overhead, thus passing the savings along to our patients.

As in the past, and a favor to you, we will continue to file your insurance claims. Our office will be offering the following payment policies:

1. We can offer you a 7% professional credit on fees over \$500 paid in full prior to the day of service with cash, check, or credit card.
2. Patients having dental insurance will be required to pay their DEDUCTABLE and ESTIMATED PORTION of the fee prior to the time services are rendered. You will also be responsible for any balance remaining after the insurance company has paid the claim.
3. While filing of insurance claims is a courtesy that we extend to our patients, WE MUST EMPHASIZE that as dental care providers, our relationship is with the patients, not the insurance company. If we do not receive payment from the insurance company within 45 days, payment becomes your responsibility.
4. We accept Visa, Mastercard, American Express and Discover.
5. We have made arrangements with "CareCredit," and "Chase Health Advance" to provide extended payment plans with little to no interest rates. Applications are available from the office manager and a quick approval can be made.
6. Help us keep our New Year's resolution of no patients waiting. We are making every effort to stay on schedule so please be prompt for your appointments. We reserve the right to reschedule late patients.
7. Your appointment time is reserved for you, because you are important to us. There is a cancellation charge or \$25 per half an hour, depending on the length of your appointment, for cancelling without giving us ample notice prior to your scheduled appointment. If the need arises to reschedule your appointment, please call us at least 24hrs business hours before your appointment

I have read the above policies and agree to abide by them.

Signature: _____ Date: _____